

**Neighborhood Improvement Development Corporation**  
 Department of City Development  
 809 N. Broadway, Milwaukee, Wisconsin 53202

**PAYMENT REQUEST**

TS-81

Print legibly in ink.  
 This form replaces all previous editions.

<b>Contractor Name</b>	<b>Owner's Name</b>
<b>DBA</b>	<b>Owner's Address</b>
<b>Address</b>	<b>Owner's City, State, Zip</b>
<b>City, State, Zip</b>	<b>Project Address</b>
<b>Fed. Tax ID or SS #</b>	<b>Invoice Amount</b>
<b>City License No</b>	<b>(Invoice attached) \$</b>

**OWNER STATEMENT:** I authorize NIDC and the City of Milwaukee to pay this invoice amount to the Contractor from my loan/grant/escrow funds. I inspected the work and it was completed in accordance with the Contract and to my satisfaction. I agree that all contingencies for release of the payment are noted:

CONTINGENCIES: ☐ None ☐ As Follows

Indicate RR Payee: ☐ Contractor ☐ Contractor already paid. Payee is Owner ☐ Owner over paid match. Payee is Owner

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY REHAB SPECIALIST**

Adjusted Payment Amount \$ \_\_\_\_\_ Reason: \_\_\_\_\_

**I. CONTRACT AND PAYMENT HISTORY**

A. THIS CONTRACT				B. ALL CONTRACTS		
	NIDC Loan	Owner Cash	TOTAL	NIDC Loan	Owner Cash	TOTAL
Original Amount			\$			\$
Change Orders			\$			\$
Adjusted Total			\$			\$
Previous Payments	\$	+ \$	\$	<sup>1</sup> \$	+ <sup>3</sup> \$	\$
This payment amount	\$		\$	<sup>2</sup> \$		\$
Balance Owed after this payment			\$			<sup>4</sup> \$

**II. RENTAL REHABILITATION ONLY**

Original NIDC loan, plus supplemental loans (if any)	<sup>5</sup> \$
If this payment is approved, the total that will be paid from the NIDC account (line 1 + line 2)	<sup>6</sup> \$
Amount left in NIDC loan account (line 5 – line 6)	<sup>7</sup> \$

Is the "Amount left in the NIDC Account" (line 7) greater than or equal to the "Balance Still Owed ON ALL CONTRACTS" (line 4) ? ☐ Yes ☐ No

Is the amount on line 3 greater than or equal to the amount on line 6? ☐ Yes ☐ No

If the answer to both questions is YES, the payment request is approved.

**III. PAYMENT APPROVAL**

**APPROVED:** I inspected the invoiced work and it meets the requirements of the Contract. The amount left in the NIDC account, after this payment is released, is sufficient to complete ALL CONTRACTS. This payment may be released when the contingencies listed above are met. **MAIL CHECK** ☐ YES ☐ NO **CLOSE OUT** ☐ YES ☐ NO

Rehab Specialist \_\_\_\_\_ Date \_\_\_\_\_ Other (if required) \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY FISCAL**

Funding Source	AMOUNT	Balance in NIDC Account After Payment	\$
HOME	\$	Check Number	
CDBG	\$		
Other	\$		
GL#			
TOTAL PAYMENT	\$	APPROVED (Fiscal staff reviewer)	Date